Cheesemaker Qualification Addendum

This form should be completed by the licensed cheesemaker who has supervised the instruction and training of the prospective cheesemaker applicant. Submit this completed form, license application, and application testing fee to the Wisconsin Department of Agriculture, Trade and Consumer Protection, P.O. Box 93586, Milwaukee WI 53293-0586. Once this application is approved, the applicant will be contacted to schedule a test date.

Na	me of Applicant:		
1.	Name of Licensed Cheesemaker:		
2.	Cheesemaker's Valid DATCP License #:		
3.	Plant or Dairy where training/instruction has occurred:		
4.	Start Date of Training with this Licensed Cheesemaker:		
5.	Contact information including address, phone, and email for Licensed Cheesemaker:		
be HA	limited to: experience in the ACCP, sanitation, etc. Also in	licant has had; please be specific. Training should include but not complete process of cheesemaking including production, nclude documentation of applicant's knowledge in regards to: milk of cheese. Use reverse side if needed.	
	The undersigned Licensed Cheesemaker hereby certifies that the information listed above is true, complete and accurate.		
Licensed Cheesemaker Signature/Date:			